

**AMERICAN POLLUTION CONTROL, CORP. (AMPOL)
APPLICATION FOR EMPLOYMENT**

Date _____

The following information is requested in order to help us make the best possible placement within the company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. Ampol, in accordance with State and Federal laws, does not discriminate on the bases of age, religion, color, sex, national origin, marital status, physical or mental handicap or arrest record.

PERSONAL INFORMATION

Name (Last, First, Middle) _____

Primary Phone _____ Social Security # _____

Cell Phone _____

Street _____ Apt _____

City _____ State _____ Zip _____

How were you referred to Ampol? _____

Are you legally eligible for employment in the United States?

YES NO

(Proof of citizenship or immigration status is required)

Do you have (TWIC) Transportation Workers Identification Card?

YES NO

Are you at least 21?

YES NO

Do you have a valid driver's license?

YES NO

Have any licenses, permits, or privileges ever been suspended or revoked?

YES NO

Have you ever applied for employment at Ampol?

YES NO If yes, when? _____

Have you ever been employed by Ampol?

YES NO If yes, when? _____

Are you related to any Ampol employees?

YES NO If yes, give name _____

Relationship _____ Department: _____

Have you been convicted of a felony offense?

YES NO

If yes, indicate type(s) and date(s) of conviction _____

A conviction does not automatically disqualify you from employment. The date, nature and seriousness of the offense will be considered in relation to specific job requirements.

JOB REQUIREMENTS

Position applied for: (Field/Shore) Technician Supervisor
(Vessels) Deck Hand Captain

Full time Part Time Summer Temporary

Are you willing to work additional hours? YES NO Nights? YES NO
Weekends? YES NO Holidays? YES NO

Are you able to work away from home for at least two weeks at a time?
YES NO

Please explain any reasons why you would not be able to perform the essential functions of the job for which you are applying. _____

Salary requirements _____ Available employment date _____

EDUCATION

High School Name _____

City _____ State _____

Honors and achievements _____

Did you graduate? YES NO

Other Institution Name _____

City _____ State _____

Did you graduate? YES NO

Name of Degree _____ Date degree obtained _____

Other Institution Name _____

City _____ State _____

Did you graduate? YES NO

Name of Degree _____ Date degree obtained _____

Extracurricular activities _____

Please explain any organization in which the name or character of the organization indicates race, religion, national origin, sex, veteran status, ancestry, age, handicap, marital status, or any other classification protected by federal, state or local law.

List any courses taken that may be applicable to the position for which you are applying _____

Use the space provided to list additional interests, skills, or qualifications that you possess that you feel qualify you for the position for which you are applying.

EMPLOYMENT RECORD

Please list experience from the past 10 years, beginning with the most recent.

Employed by _____
Telephone _____ Supervisor _____
Street _____ City _____ State _____
Employed from _____ to _____ Salary from \$ _____ to \$ _____
Job Description _____
Honors and achievements _____
Reason for leaving _____
May we contact them for references? YES NO

Employed by _____
Telephone _____ Supervisor _____
Street _____ City _____ State _____
Employed from _____ to _____ Salary from \$ _____ to \$ _____
Job Description _____
Honors and achievements _____
Reason for leaving _____
May we contact them for references? YES NO

Employed by _____
Telephone _____ Supervisor _____
Street _____ City _____ State _____
Employed from _____ to _____ Salary from \$ _____ to \$ _____
Job Description _____
Honors and achievements _____
Reason for leaving _____
May we contact them for references? YES NO

Employed by _____
Telephone _____ Supervisor _____
Street _____ City _____ State _____
Employed from _____ to _____ Salary from \$ _____ to \$ _____
Job Description _____
Honors and achievements _____
Reason for leaving _____
May we contact them for references? YES NO

CERTIFICATION

Read carefully. If you have any questions regarding these statements, please ask the personnel representative before signing.

"I certify that the information contained in this application, and accompanying resume, if any, is true and complete to the best of my knowledge and understood that falsification, misrepresentation and/ or omission of information may be grounds for refusal to hire or, if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, training, or any other information that they may have, personal or otherwise with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information unless otherwise indicated in the employment section of this application."

Initials

"In the event of my employment, I agree to conform to the rules and regulation of American Pollution Control, Inc. (Ampol) and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to by Ampol at any time. I understand that this application will be given every consideration by its receipt does not imply that I will be employed. I understand that this employment application and any other Ampol documents are not contracts for employment. My employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either Ampol or myself."

Initials

"I understand that Ampol will require me to undergo a drug test by medical staff and/ or agent authorized by Ampol L as a condition of my employment and continued employment. I further understand that I must successfully pass the drug test to be considered for employment with Ampol. I understand that medical examinations which are job-related and consistent with Ampol business necessities may be required of me once I am employed. I further release Ampol , including all of its officers, agents, representatives and employees from any and all claims, suits, causes of action, liability and damages associated with or arising from my submission to a drug test and/ or medical examination. I also understand that Ampol may enforce a restricted smoking environment.

Initials

"I represent and warrant to Ampol that (1) I am not a party to or otherwise subject to an employment agreement, non compete agreement, whether written or oral, or other limitation, restriction or obligation that would prevent me from accepting a position with Ampol. (2) I am not appropriating, taking or bringing from my former employer or other entity any trade secrets or other proprietary, confidential information concerning my former employer, or other entity, and its respective operations, including , without limitation, customer lists, patents, trademarks and other similar matters, and (3) to my knowledge, I am free to accept or reject the applied for position and I have not been coerced or otherwise persuaded to accept or reject the applied for position."

Initials

Applicants Signature

Date